MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE

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EX: MALE	FEMALE		BIRTHDA	TE	/				
OUNTY			S	CHOOL				_ GRADE	
PARENT NAME						PHONE NO			
OR					CITY		ZIP		
			RECORD	OF IMMUN	IZATION	: See Notes			
		CINE TYPE					VACCINE TYPE		
DTP-DTaP MO/DAY/YR	DT-Td MO/DAY/YR	Polio MO/DAY/YR	Hib MO/DAY/YR	Hep B MO/DAY/YR	DOSE #	M-M-R MO/DAY/YR	MEASLES MO/DAY/YR	RUBELLA MO/DAY/YR	MUMPS MO/DAY/Y
i					1				
2					2				
3					DOSE #	Varicella MO/DAY/YR	OTHER VAX MO/DAY/YR	OTHER VAX MO/DAY/YR	MO/DAY/Y
4			2		-1				
5					2	de la companya de la			
Signature or Init			Title Title	<u>01. 191</u>	Date Date	III ay			
Signature or Init	al	f vaccines give	Title Title	itial signature.	Date				
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